



STATE OF MISSOURI  
DEPARTMENT OF NATURAL RESOURCES  
CLEAN WATER ACT SECTION 319

**APPLICATION FOR NONPOINT SOURCE IMPLEMENTATION GRANTS**

Use this form to apply for **Section 319(h) Nonpoint Source Implementation Grants**.  
This application **must** be typed and **must** be submitted on this form or an identical copy.  
Every element must be filled in for full ranking.

1.	NAME OF PROJECT	
2.	NAME OF ORGANIZATION SPONSORING THE PROJECT	
3.	ADDRESS OF SPONSOR	
4.	SPONSOR'S TAXPAYER ID NUMBER (ATTACH DOCUMENTATION OF 501(C)(3) STATUS IF APPLICABLE)	
5.	TYPE OF ORGANIZATION (SUCH AS MUNICIPALITY, COUNTY, STATE, FEDERAL, UNIVERSITY, CONSERVATION DISTRICT, NONPROFIT, ETC)	
6.	PRIMARY CONTACT PERSON (NAME, AFFILIATION AND ADDRESS)	CONTACT TELEPHONE, FAX AND E-MAIL
7.	PROPOSED START DATE	PROPOSED END DATE
8.	WATERSHED TO BE ADDRESSED BY PROJECT (HYDROLOGIC UNIT CODE)	
9.	<p>TOTAL SECTION 319 FUNDS REQUESTED: \$ _____</p> <p>MATCH FUNDS INCLUDING IN-KIND SERVICES: \$ _____ [40% OR MORE OF TOTAL PROJECT COST]</p> <p>OTHER CONTRIBUTIONS (E.G., OTHER FEDERAL FUNDS) \$ _____</p> <p>TOTAL PROJECT COST: \$ _____</p>	
10.	<b>PROJECT AUTHORIZATION</b>	
	SIGNATURE OF SPONSORING ORGANIZATION'S AUTHORIZED REPRESENTATIVE	DATE
	NAME OF THE REPRESENTATIVE (PRINT OR TYPE)	TITLE
	TELEPHONE NUMBER	

11.	<b>BUDGET:</b> (See Attachments A and B for guidance.)			
	<b>EXPENSE ITEM</b>	<b>319 GRANT</b>	<b>MATCH (Non-Federal)</b>	<b>OTHER FUNDS</b>
	Salary			
	Fringe Benefits			
	Travel			
	Equipment > \$5,000 (Itemize Below)			
	Supplies			
	Contractual			
	Other			
	Indirect Costs (    %)*			
	<b>TOTAL PROJECT COSTS</b>			
*Indicate indirect rate. The rate cannot exceed 13%.				
<b>ITEMIZE EQUIPMENT:</b> (Include only equipment costing \$5,000 or more per item.)				
	<b>EQUIPMENT DESCRIPTION</b>			<b>COST</b>
12.	Detailed Budgets: 1. Attach budget detail for each budget category identified in item 11. 2. Attach another budget that identifies cost by activity. See Attachment C for further guidance.			
13.	Is the proposed project a Clean Lakes activity for a classified lake or reservoir? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span> (See Request for Proposals for explanation of these terms.) If so, what type of activity is it? <input type="checkbox"/> LWQA <input type="checkbox"/> Phase I <input type="checkbox"/> Phase II <input type="checkbox"/> Phase III <input type="checkbox"/> Other Activity			
14.	Is the watershed on Missouri's 303(d) priority listing? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span> If yes, include the information from the 303(d) list (waterbody name; miles/acres affected; pollutant; and priority for restoration). If your watershed is not included on the listing, describe your reasons for considering it a priority.			

15.	<div>Has a Watershed Management Plan been completed for this watershed? If yes, when and by whom?<div><input type="checkbox"/> YES<input type="checkbox"/> NO</div></div> <div>If no, will this project produce a Watershed Management Plan using the “Key Elements”? (See Attachment F.)<div><input type="checkbox"/> YES<input type="checkbox"/> NO</div></div>
16.	<div><b>Watershed Characteristics:</b> (Include a map of the watershed.) Size of watershed (in acres), and information on outstanding resource waters or drinking water sources, if applicable.</div>

17. **Water Quality Problem:**

18. List the specific pollutant(s) that will be addressed in the project and the proposed method to quantify load reductions: Examples include sediment, nutrients, fecal coliform bacteria, pesticides, etc. These can be quantified by RUSLEII, STEPL, Monitoring, or other methods.

19. List the name and number of the nonpoint source pollutant that will be addressed in this project. (See Attachment D.)  
Primary (list one):

Secondary (list as many as you wish):

20. List the name and number for all of the activities that will be implemented during this project to reduce nonpoint source pollution. (See Attachment E.)  
Primary (list one):

Secondary (list as many as you wish):

Is this a restoration project that will address the nonpoint source impairment and remove this waterbody from the 303(d) list?  
☐ YES    ☐ NO

21. **Executive Summary:** Include a brief statement of the problem, description of the project, objectives, methods employed\*, products and partners. (\*See application instructions.)

22. **Project Plan and Objectives:**

23.

## Task

### Responsible Party

### Expected Completion Date

24. **Project Evaluation:** (Include an evaluation measure for each objective.)



25. **Products Generated:** (Provide a numbered list of the products such as newsletters, field days, publications, etc. that will be produced as part of the project.)

26. **Public Involvement:** (Describe public involvement and attach letters of support detailing the role partners will play in this project.)